

SUMMARY, FULL REPORT **RECEIPTS AND EXPENDITURES**

(3/97)

PDC OFFICE USE

	or Committee Name (Do n JS FOR HEALTH CA		full name)				07/05	/2005	
Mailing Address City 00 ELLIOTT AVENUE WEST, SUITE 300 SEATTLE									
Zip + 4 8 I 1 9		Office Sought (Cand	idates) 2	Election Date	1	s, Parties & Ca			_
Report Peri Covered	iod From (last C-4		nd of period) /2005	Final Report? Yes No X	<u>expenditur</u>	e (i.e., an expense or opposing a state	not consider	ed a contribut	_
RECEIPTS	3			1.00	⊐ *See next p	age	Yes	No x	
1. Previ	ious total cash and in kind eginning a new campaign o	l contributions (From li or calendar year, see i	ine 8, last C-4) nstruction booklet	·)			1,268		
2. Cash received (From line 2, Schedule A) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						4,860.56			
4. Total cash and in kind contributions received this period (Line 2 plus 3)								,597.56	
5. Loan	5. Loan principal repayments made (From line 2, Schedule L))		
	+ 0.00								
							+	0.00	
8. Total	I cash and in kind contribu	itions during campaigi	n (Combine lines	1, 4 & 7)			1,690	,706.98	
	l pledge payments due (Fr		86	5,795.00					
EXPENDIT		,	,						
10. Previ	ious total cash and in kind eginning a new campaign			t)			61	,205.45	
11. Total	I cash expenditures (From	n line 4, Schedule A)			8	04,526.90			
12. In kir	12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)							809	,387.46	
14. Loan principal repayments made (From line 2, Schedule L)						0.00)		
15. Corre	ections (From line 2 or 3,	Schedule C)		Show + or	(-) +	0.00			
16. Net adjustments this period (Combine lines 14 & 15)							+	0.00	
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)							870	,592.91	
CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17)							820	,114.07	
Primary election [0.00)
Treasurer's Daytime Telephone No.: (2 0 6) 281 - 7211 20. Balance (Surplus or deficit) (Line 18 minus line 19)						820	,114.07		
	ATION: I certify that the info		ccompanying sche			ect to the best of my k	nowledge.		
Candidate's	s Signature	Date		Treasurer's Signatur				Date	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

(11/93)

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

07/05/2005

HOSPITALS FOR HEALTH CARE ACCESS

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted. Date of deposit Amount Date of deposit Amount Date of deposit

Total deposits

06/06/2005 282,979.00 06/13/2005 39,219.00 06/15/2005 95,539.00

> \$ 417,737.00 Enter also on line 2 of C4

TOTAL CASH RECEIPTS CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed.

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, 1) identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, 3) use code "V" and provide the following information on an attached sheet. name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE **DEFINITIONS** ON NEXT PAGE

- C Contributions (monetary, in-kind & transfers)
- I Independent Expenditures
- L Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

The exceptions are:

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

	Vendor or Recipient		Purpose of Expense		
Date Paid	(Name and Address)	Code	and/or Description	Amount	_
06/09/2005	HEALTHY WASHINGTON DOCTORS NURSE 2033 6TH AVENUE, STE 1100 SEATTLE WA 98121	S & PA		SAMPAIGNS C	
06/30/2005	WASHINGTON STATE HOSP ASSOC 300 ELLIOTT AVENUE W., STE 300 SEATTLE WA 98119		UNPAID EXPENSES	4,526.90	_
					_
					_
					_
					_
		1	T	0.00	

Total from attached pages

\$

Enter also on line 11 of C4

\$804,526.90

4. TOTAL CASH EXPENDITURES

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4



Candidate or Committee Name (Do not abbreviate. Use full name.)

HOSPITALS FOR HEALTH CARE ACCESS

07/05/2005

2. PLEDGES RECEIVED BUT NOT YET PAID. List each pledge of \$100.00 or more.

Date Notified of Pledge	Name and Address of Pledge Maker	Fair Market Value	Aggregate Total	P R I	G E N	If more than \$100, Employer Name, City, State, Occup.
02/28/2005	GOOD SAMARITAN COMM HLTHCARE 407 14TH AVENUE S.E. PUYALLUP WA 98372	51,795.00	51,795.00		1	
02/28/2005	TRI STATE MEMORIAL HOSPITAL 1221 HIGHLAND AVENUE CLARKSTON WA 99403	5,000.00	10,000.00			
03/30/2005	NORTHWEST HOSPITAL 1550 NORTH 115TH ST, M/S D-180 SEATTLE WA 981339733	30,000.00	30,000.00			
	TOTAL (include new pledges above and all other outstanding pledges.) (Enter also on line 9 of C4)	86,795.00	1	l		

IN KIND CONTRIBUTIONS, PLEDGES, **ORDERS, DEBTS, OBLIGATIONS**

SCHEDULE TO C4



Candidate or Committee Name (Do not abbreviate. Use full name.) Report Date HOSPITALS FOR HEALTH CARE ACCESS 07/05/2005

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P G R E I N	If more than \$100, Employer Name, City, State & Occup
6/30/2005	CARIE CHRISTI	ACCOUNTING S	79.31	239.70		State & Occup
	300 ELLIOTT AVENUE W., STE 30	0ERVICES			WASH	INGTON STATE HOS
	SEATTLE WA				SEAT	TLE WA
					ACCC	UNTANT
16/30/2005	MENAUL ROBB	ADMINISTRATI	789.10	1,907.15		
	300 ELLIOTT AVENUE W., STE 30	OVE			WASH	INGTON STATE HOS
	SEATTLE WA				SEAT	TLE WA
					SENI	OR VICE PRESIDEN
16/30/2005	GREENAWALT LEO	ADMINISTRATI	3,456.80	6,913.60		
	300 ELLIOTT AVENUE W., STE 30	OVE			WASH	INGTON STATE HOS
	SEATTLE WA				SEAT	TTLE WA
					PRES	SIDENT
6/30/2005	GALANTI VICTORIA	ADMINISTRATI	422.04	1,064.42		
	300 ELLIOTT AVENUE W., STE 30	OVE			WASH	INGTON STATE HOS
	SEATTLE WA				SEAT	TLE WA
					VP	
6/30/2005	FOX-CORWIN TONI	ADMINISTRATI	33.17	315.20		
	300 ELLIOTT AVENUE W., STE 30	OVE			WASH	HINGTON STATE HOS
	SEATTLE WA				SEAT	
						AGER OPERATIONS
6/30/2005	KEAN DANIELLE	ADMINISTRATI	23.75	156.75		10211 01 21111 1 0110
, , , , , , , , , , , , ,	300 ELLIOTT AVENUE W., #300	VE				INGTON STATE HOS
	SEATTLE WA	-			SEAT	
	, , , , , , , , , , , , , , , , , , ,					CUTIVE ASSISTANT
06/30/2005	MAGNUSEN DOROTHY	FINANCIAL/AD	56.39	184.04		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	121 APPLE VALLEY WAY	MINISTRATIVE				HINGTON STATE HOS
	FLORENCE MT				SEAT	
	110000000					FINANCIAL OPERA
			1			

(Enter also on line 3 and line 12 of C4)